

PROPOSED PROJECT FOR SRF FUNDING FORM

Fiscal Year 20____

Project Title: _____

County/Applicant: _____ Project No.: _____

Project Description: _____

Check the appropriate line for each category which best describes the project:

Project Type:

Project Function:

_____ T1. Project required by DOH compliance
action, audit, or special loan condition.

_____ F1. To build a new treatment facility or control project.

_____ T2. Eliminates documented health hazards.

_____ F2. To expand, add capacity,
To upgrade an existing
Facility or control project.

_____ T3. Corrects surface water quality impairment or eliminates/prevents ground water contamination.

_____ F3. To modify, replace, or repair existing facility or control project (does not add to capacity).

_____ T4. To meet requirements for wastewater
Or sludge reclamation or reuse.

____ F4. To purchase equipment.

_____ T5. Necessary to accommodate population growth.

_____ T6. Other needs: _____

Estimated Cost: _____

Estimated Start Date: _____

Rank Evaluation (by DOH)

Point Total: _____